



State of Louisiana
Department of Health and Hospitals
Center for Environmental Health Services

APPLICATION FOR OPERATOR CERTIFICATION EXAMS

1. PERSONAL DATA (please print or type)

FILL IN COMPLETELY!

Full Name _____
Last First Middle

Social Security# or Operator ID# _____ Date of Birth _____ Email Address _____

Mailing Address _____
Number Street City State ZIP

Name of Employer _____ Parish _____

Place of Employment _____
Number Street City State ZIP

Name of Plant(s) Water and/or Sewage _____ Work Phone # _____

Home Phone # _____ Cell Phone # _____ Work Fax # _____

Complete for All Exams:

Location of 32 or 40 hr Operator Certification Review Course: _____ Date Course Attended: _____ No. _____

Location of 32 or 40 hr Operator Certification Review Course: _____ Date Course Attended: _____ No. _____

Location of 32 or 40 hr Operator Certification Review Course: _____ Date Course Attended: _____ No. _____

Instructor or Training Agency: _____ Exam Date & Location Requested: _____

Mail to the attention of Jill Ruffin at DHH/OPH/Operator Certification P.O. Box 4489 Bin #10 Box #6 • Baton Rouge, Louisiana 70821-4489

2. EXAMINATIONS REQUESTED

*** Examination Fees are \$5.00 per exam**

(CIRCLE EACH EXAM TO BE TAKEN)

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| A. Class 1 Water Production | D. Class 2 Water Production | G. Class 3 Water Production | J. Class 4 Water Production |
| B. Class 1 Water Distribution | E. Class 2 Water Distribution | H. Class 3 Water Distribution | K. Class 4 Water Distribution |
| C. Class 1 Water Treatment | F. Class 2 Water Treatment | I. Class 3 Water Treatment | L. Class 4 Water Treatment |
| M. Class 1 Wastewater Collection | O. Class 2 Wastewater Collection | Q. Class 3 Wastewater Collection | S. Class 4 Wastewater Collection |
| N. Class 1 Wastewater Treatment | P. Class 2 Wastewater Treatment | R. Class 3 Wastewater Treatment | T. Class 4 Wastewater Treatment |

3. CURRENT CERTIFICATIONS (Water and/or Wastewater) List all by class and type.

4. YEARS OF FORMAL EDUCATION: _____ + _____ + _____ = _____
grade school high school college total years

a. Did you receive a high school diploma or equivalent certificate (GED)? YES () NO ()

b. Name and address of high school (include month/year diploma or GED received).

c. College or University (include name & location of college, dates attended (from-to), credit hours, degree received.

NOTE: You must provide a copy of your degree and/or your transcripts.

d. Other schools attended (include business, trade, military, etc.). Be sure to include name and address of each school, dates attended (month and year), type of course, and provide copies of diploma or certificates received and DD214. If no diploma or certificate, indicate whether or not you completed the course. Indicate total number of classroom hours for completed courses.

5. WATER AND/OR WASTEWATER WORK EXPERIENCE (start with Current Position):

EMPLOYMENT: CURRENT POSITION

Date of employment (include month, day, and year) _____ / ____ / ____ to PRESENT

Type of Plant _____ Title of your position _____

Firm Name _____ Address _____

City, State, Zip _____

Name and Title of immediate supervisor _____

Total hours worked per week _____

Number and Title of employees you supervised (use separate sheet if necessary) _____

Describe your water &/or wastewater work in detail including all positions held _____

PREVIOUS POSITION/EMPLOYMENT (include month, day, and year) ____ / ____ / ____ to ____ / ____ / ____

Type of Plant _____ Title of your position _____

Firm Name _____ Address _____

City, State, Zip _____

Name and Title of immediate supervisor _____

Total hours worked per week _____

Number and Title of employees you supervised (use separate sheet if necessary) _____

Describe your water &/or wastewater work in detail including all positions held _____

I certify that the foregoing data is correct to the best of my knowledge, and in completion this application, do hereby agree to take the required examinations at the time and place designated by the Committee of Certification for Water and Sewerage Works Operators. Any false or erroneous information may be cause for disapproval of this application and/or loss of certification.

Signature Of Applicant

Signature Of Applicant's Supervisor